

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/890185
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/							51
2	/							52
3	/							53
4	/							54
5	/							55
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7	/							57
8	/							58
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39	/							89
40	/							90
41	/							91
42	/							92
43	/							93
44	/							94
45	/							95
46	/							96
47	/							97
48	/							98
49	/							99
50	/							100
TOTAL								TOTAL
IND.								IND.
DEP.								DEP.
TOTAL								TOTAL
CLAIMS								CLAIMS